(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL046028 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1439 US 13 S **DOUGLAS FAMILY CARE HOME** AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on January 14, 2016 from 1:10 PM to 2:22 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 10, 2014 as a Family Care Home for four ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code -Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 105 Initial Licensure-Meet NCSBC C 105 SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		FCL046028	B. WING		01/14/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DOUGLA	AS FAMILY CARE HOM	ME 1439 US 1	3 S , NC 27910			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)
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C 105	Continued From pa	ge 1	C 105			
	dollars (\$380.00). (b) Each home sh	a cost of three hundred eighty all be planned, constructed, tained to provide the services				
	valve on the water I qualified technician material at the pres must be full sized a adjacent floor surfa	et as evidenced by: vealed that the pressure relief heater was not piped. Have a install piping of suitable sure relief valve. The piping nd extend to within 6" of the ce. Provide documentation of rm of photos, receipts or work				
C 117	Have Current San.	And Fire Safety Approvals	C 117			
	fire and building sat					
	have knowledge of and Sanitation Insp copies of the most Reports to DHSR/C	taff revealed that she did not the location of the current Fire ection Reports. Provide recent Fire and Sanitation construction Section with your rections. Make sure to have				
C 168	Fire Extinguishers		C 168			
	SECTION .0300 - T	THE BUILDING				

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ FCL046028 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1439 US 13 S **DOUGLAS FAMILY CARE HOME** AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 168 Continued From page 2 C 168 10A NCAC 13G .0316 FIRE SAFETY AND **DISASTER PLAN** (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have a fire extinguisher centrally located in the facility. Install a second fire extinguisher as required. Provide documentation of the repairs in the form of photos or receipts. C 169 Fire Safety-Smoke Detectors C 169 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by:

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		FCL046028	B. WING		01/1	4/2016
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE		
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DOUGLA	AS FAMILY CARE HON	Λ <b>F</b>	NC 27910			
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C 169	Continued From pa	ge 3	C 169			
	detector in the attic smoke detectors. A was not located. Ha install a heat detect range that is wired to placed on a separate	vealed a 135 degree heat that was interconnected to the A separate sounding device ave a qualified technician or of sufficient temperature to the house current and the sounding device. Provide the repairs in the form of ders.				
C 171	Fire Safety- Evacua	ition Plan	C 171			
	DISASTER PLAN (d) A written fire exdiagrammed drawir the local code enfor prepared in large pr location on each flo reviewed with each	THE BUILDING 16 FIRE SAFETY AND vacuation plan (including a ang) which has the approval of rement official shall be rint and posted in a central or. The plan shall be resident on admission and e orientation for all new staff.				
	plans were posted to Evacuation plans sto direction of travel for Provide verification	et as evidenced by: vealed that the evacuation out not oriented correctly. hould be posted to the om the posted position. that the plans are correctly otos or photo copies of the				
C 172	Fire Safety-Four Re	hearsals	C 172			
	DISASTER PLAN (e) There shall be	THE BUILDING 16 FIRE SAFETY AND at least four rehearsals of the each year. Records of				

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DOUGLA	AS FAMILY CARE HOM	ME 1439 US <sup>.</sup> AHOSKIE	13 S E, NC 27910			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
C 172	furnished to the couservices annually. date and time of the present, and a shor rehearsal involved.  This Rule is not med. Interview with Sthave knowledge of Logs. Provide copie evacuation drills to with your signed Plan	maintained and copies inty department of social The records shall include the erehearsals, staff members t description of what the et as evidenced by: aff revealed that she did not the location of the Fire Drill es of the last six months of DHSR/Construction Section	C 172			
	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition. (j) This Rule shall family care homes.  This Rule is not me 1. Observations rev in the kitchen had b around the fixture h qualified technician documentation of tr photos, receipts or 2. Observations rev the hot water heate qualified technician	THE BUILDING 17 BUILDING SERVICE  and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing  et as evidenced by: ealed that the overhead light een replaced. The ceiling as not been patched. Have a patch the ceiling. Provide he repairs in the form of work orders.  evealed that the drawer front at r was broken. Have a repair the drawer front. tion of the repairs in the form				

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DOUGLA	AS FAMILY CARE HO	ME 1439 US 1 AHOSKIE	3 S , NC 27910			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 174	to the left of the sin indicated that the wall a qualified technicial outlet is a two-wire grounded, provided manually and label ground." Provided the form of photos,  4. At the time of the laundry room and indice the documentation of the photos, receipts or  5. Observations rewarped and buckle spots in the laundry rooms.	vealed that the kitchen outlet k did not trip and the tester viring was not grounded. Have an check the outlet. If the system and cannot be a GFCI box that can be tripped the box "no equipment documentation of the repairs in receipts or work orders.  is survey, the lights in the in the area outside of laundry a qualified technician install lighting in this area. Provide the repairs in the form of work orders.  vealed that the paneling was d and delaminating in some y room and in the room outside	C 174			
	of laundry. Have a investigate the cause the necessary reparts the repairs in the foorders.  6. Observations rewas broken in the was provide documents of photos, receipts  7. Observations refor the dryer has be back of the dryer, outlet. Provide documents outlet. Provide documents of the dryer has be back of the dryer, outlet. Provide documents of the form of photos,	qualified technician se of the damage and make irs. Provide documentation of orm of photos, receipts or work  vealed that the exterior glass window beside the chimney. chnician replace the glass. ation of the repairs in the form				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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C 174	Staff bedroom and latching properly. It repair the doors so Provide documents of photos, receipts  9. Observations rebehind the door in a qualified technician documentation of all photos, receipts or  10. Observations resink was loose. Coprovide proper back Provide documents of photos, receipts  11. Observations redamaged at the conqualified technician documentation of all photos, receipts or  12. Observations redamaged at the conqualified technician documentation of all photos, receipts or  13. Observations resident bathroom light fixtuin injury and to supply documentation of all photos, receipts or  14. Observations realled of the down the carport. Have a	to the bathroom are not lave a qualified technician that they close properly. In a still the repairs in the form or work orders.  It wealed a small ding in the wall the master bedroom. Have a repair the wall. Provide the repairs in the form of work orders.  It wealed that the bathroom of work orders.  It wealed that the bathroom of work orders.  It wealed that the bathroom of work orders.  It wealed that the sheetrock was the repairs in the form of work orders.  It wealed that the sheetrock was the repairs in the form of work orders.  It wealed that the towel bar was noom. Repair or replace the endocumentation of the repairs or work orders.  It wealed open sockets in the repairs or work orders.  It wealed open sockets in the repairs or repairs in the form of the repa	C 174			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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C 174	Continued From pa	ge 7	C 174			
	orders.					
	the carport was dar the center. Have a replace the gutter.	evealed that the gutter over maged and rusted through at qualified technician repair or Provide documentation of the of photos, receipts or work				
	rail at the front porc qualified technician	evealed that the bottom iron ch had come loose. Have a repair the railing. Provide ne repairs in the form of work orders.				
	the exterior dryer can falling out of the ma qualified technician	evealed that the grout around ap has dried, cracked and is asonry opening. Have a repair the wall. Provide ne repairs in the form of work orders.				
	the back and right s walls have settled of cracks in the maso back wall at the me of the larger window windows and doors corner of the right s wall at the side ram the short wall at the technician investigatissues and make the	evealed several areas along sides of the facility where the or shifted and produced large arry joints. Areas include: the ster, the back wall to the right w, the joints around the state at the side porch, the back side of the facility, the short ap, and at the top corners of examp. Have a qualified ate the damage for structural are recommended repairs. It in of the repairs in the form or work orders.				
	at the right of the si	evealed that the exterior outlet de exit did not have a d did not trip when tested.				

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C 174	Have a qualified tecoutlet and cover. Frepairs in the form corders.  20. Observations a trim. The trim at the the master bedroom was rotted along the There was heavy dathe back of the carpintersect and pests	chnician repair or replace the Provide documentation of the of photos, receipts or work  revealed some areas of rotted er roof intersection outside of a above the meter. The trime back edge of the carport, amage at the interior corner of port where the roof lines had constructed nests in the ave a qualified technician	C 174			
C 183	(a) The outside grifamily care homes and safe condition.  This Rule is not me 1. Observations restacked up against pile of loose bricks facility. Remove the	THE BUILDING 118 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean et as evidenced by: vealed a pile of boards the back of the facility and a in the yard at the back of the e construction items or have d. Provide documentation of	C 183			

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